

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., DIRECTOR

Weekly



Bulletin

STATE BOARD OF PUBLIC HEALTH

GEORGE E. EBRIGHT, M.D., PRESIDENT

FRED F. GUNDRUM, M.D., VICE PRESIDENT

A. J. SCOTT, JR., M.D.

ADELAIDE BROWN, M.D.

EDWARD F. GLASER, M.D.

ROBERT A. PEERS, M.D.

WALTER M. DICKIE, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. VII, No. 24

July 21, 1928

GUY P. JONES
EDITOR

New Record Made In Infant Mortality.

California cities last year made new records in lowering infant mortality rates. Of twenty-one California cities, having estimated populations of over 20,000, seventeen such cities last year had lower infant mortality rates than that established for the whole state and one city (Alameda) had the lowest infant mortality rate ever recorded for any city in California. Improved birth registration, better care of mothers and infants, supervision and the wider extension and distribution of information and education are responsible, largely, for the new low records which contribute to making this state a paradise for babies.

Some California cities are handicapped, because of the presence of large numbers of foreign-born residents, in establishing infant mortality rates that are commensurate with the facilities at hand. Wherever there are large numbers of Mexicans it is extremely difficult to maintain low infant mortality rates. Progress is being made in bettering conditions among these people, but it is not always possible to combat successfully the ignorance, superstition and lack of cooperation encountered in many of the foreign-born.

An infant mortality rate under 30.0 is exceptional and an infant mortality

rate of 11.0, such as that established by Alameda last year, can be considered only as phenomenal. In New Zealand cities, where the lowest infant mortality rates in the world are maintained, the rates have never fallen below 30.0. While Alameda may never again achieve such a result as it did last year, it must be given credit for having made this enviable record. Furthermore, the fact that Alameda maintains excellent service for safeguarding the health of mothers and infants plays an important part in making it an ideal place for babies to be born.

Some of the cities in the list given below have had slightly lower infant mortality rates during preceding years, but most of them have made new low records, contributing largely to the new low record for the state, 62.5 for 1927. Provisional figures from the Bureau of the Census indicate that states other than California have shared in the lowered infant mortality which prevailed throughout the country last year. The large cities of the country have also contributed to the making of lower records for the states. Forty-two out of forty-eight cities having populations of over 100,000 in 1920 lowered their infant mortality rates last year, Seattle, Washington, having the honor of making the lowest infant mortality rate, 41.4, of all these large cities. Thirty out of thirty-three states in the registration area had lower infant mortality rates in 1927

than in 1926, Oregon having the lowest state rate, 47.5. Following are the infant mortality rates for the United States Registration Area and for California for the years 1924-1927:

	United States	California
1924 -----	71.9	67.3
1925 -----	71.5	68.5
1926 -----	73.3	62.9
1927 -----	64.3*	62.5

The large cities of the Pacific coast have regularly, year by year, established the lowest infant mortality rates for such cities in the United States. Since their enviable records are made consistently and cover a long period of years, it is apparent that the saving of infant lives in these cities is based upon conditions that are decidedly favorable to babies. While there are many factors that enter into the making of these low rates it is a conspicuous fact that those cities which sponsor and support, continuously, well-directed activities for the promotion and maintenance of infant welfare, achieve the low records. There is full justification in the statement that babies who are fortunate enough to be born in Pacific coast cities are more likely to live through the precarious first year of their existence than if they were born in any other part of the United States. The privilege of being born on the Pacific coast is one of the greatest boons that could possibly occur to any human being. The following table gives the number of births, the number of infant deaths and the infant mortality rate for each of the twenty-one cities of California having estimated populations of 20,000 and over:

INFANT MORTALITY RATES 1927,
CALIFORNIA CITIES WITH ESTI-
MATED POPULATION OVER 20,000.

	Infant mortality rate	No. of births	No. of infant deaths
Alameda -----	11.0	547	6
San Jose -----	39.5	911	36
Santa Ana -----	41.0	536	22
Pasadena -----	41.5	1,253	52
Berkeley -----	41.9	763	32
Glendale -----	43.6	872	38
Stockton -----	49.3	872	43
Long Beach -----	49.5	1,961	97
San Francisco -----	49.6	8,333	413
Santa Barbara -----	52.1	576	30
Santa Monica -----	52.2	766	40
Fresno -----	53.5	1,177	63
Oakland -----	53.7	4,827	259
Sacramento -----	54.9	1,969	108
San Diego -----	60.0	2,733	164
Bakersfield -----	60.6	611	37
Richmond -----	61.3	375	23
CALIFORNIA -----	62.5	84,334	5,268
Los Angeles (city) -----	65.9	18,359	1,209
Vallejo -----	68.2	220	15
Riverside -----	68.9	653	45
San Bernardino -----	80.0	837	67

*Provisional.

Why Examine Food Handlers?

Dr. M. James Fine of the New Jersey State Department of Health has given the following reasons for making physical examination of food handlers:

"The public at large benefits by having food handled by individuals free from contagious disease. The efforts and expenditures incident to establishing a system of examination of food handlers are vastly repaid by the results obtained. The city profits by limiting the spread of communicable diseases and by detecting both early and advanced cases of tuberculosis and venereal disease which otherwise would not have been discovered.

Histories have little value, however, in this type of examination; the compulsory character of the examination and the fear that any admission as to the past or present unfavorable clinical history might result in a denial of a health certificate undoubtedly seal the lips of a number of the applicants and deprive the examiners of a valuable aid to diagnosis. A similar condition prevailed in the examinations for service in the World War in the case of men anxious to get into the service and having a history of a disease.

If the present report does nothing else it should arouse those who are coworkers in the fertile field of industrial hygiene to a realization of the necessity of getting together for an agreement upon standard methods of medical examination.

As a protection for the health of the community, the examination of food handlers seems thoroughly justified in the light of the results of this study.

The outstanding point in our work and investigation is that periodical examinations of food handlers by health department physicians are unquestionably worth while and important for the following general reasons:

Such examinations prevent a great number of diseased individuals from handling food, either by detection at examination or by the deterrent effect in causing many to secure other work rather than risk such a detection.

The early discovery of a number of incipient cases of tuberculosis and subsequent treatment educate the public as to the value of periodical examinations."



Man's chief business is reversing the processes of Nature—that is the way he gets his living.—Edwin E. Slosson.

Liability for Water-Borne Typhoid Fixed.

The following, printed in *New York Health News*, again establishes the fact that the purveyor of water is held liable for the purity of the product he dispenses:

"The legal liability of private and municipal corporations for deaths and sickness caused by polluted water furnished by them is stated at length by James A. Tobey in an article published in *Public Works* for April. Actions which have been brought before the courts since the celebrated Mankato case in 1910 are discussed and a bibliography of cases is included.

The following excerpts are of especial interest to private water companies and municipal water officials.

As the result of decisions in eight states up to 1927, it is now the settled law in this country that an individual or corporation which supplies water for human consumption must exercise every reasonable effort to ascertain the quality of the water and to take every possible precaution to render it safe. While not a guarantor of the purity of the water under the doctrine of implied warranty, the corporation which supplies it is liable for negligence in failing to exercise reasonable care in apprehending danger and taking the necessary steps to avert it.

This legal doctrine applies not only to individuals and private corporations who distribute water for profit, but also to municipal corporations, which supply water either for convenience or profit. Municipal corporations are exempt for injuries caused in the course of their governmental duties, but they are liable for those resulting from their private or corporate functions. The operation of a waterworks and the furnishing of water to its citizens is a commercial function and thus is not a governmental but a corporate, activity. * * *

Although it is the legal duty of a corporation or other agency supplying water to furnish its consumers with a pure and wholesome supply, it is a question of fact in each case as to whether this has been done. The rule of law is unvarying, but the circumstances determine whether or not the rule is applicable. In order to recover, the burden rests on the aggrieved party, as plaintiff, to establish by a preponderance of the evidence these three propositions:

First, that the typhoid fever was actually contracted from the water furnished.

Second, that the person or corporation supplying the water was guilty of negligence in allowing or failing to prevent the contamination.

Third, that the injured party himself has exercised due care and was not guilty of contributory negligence.



Health Officers Newly Appointed.

Doctor J. B. Craig, on July first, succeeded Mr. Harold Anderson as City Health Officer of Upland.

On July first Doctor S. A. Goyette of Yuba City succeeded Doctor T. P. Peery as Health Officer of Sutter County.

The city of Concord in Contra Costa County has turned over the administration of its health department to Doctor I. O. Church, Health Officer of Contra Costa County. Doctor Robert Evans has been serving as City Health Officer of Concord.



Covina Transfers Public Health Work.

The city of Covina has transferred the administration of its public health affairs to Dr. J. L. Pomeroy, health officer of Los Angeles County. Dr. J. J. Saunders has been city health officer of Covina.

Liability For Water-



In the face of ubiquitous talk about the lengthening of the span of life; it is well to remind ourselves that it is the maintenance of health, rather than mere longevity, to which we should aspire. Life itself is worth little when our usefulness has ceased. By making health, rather than sustained existence, our goal we build not only for a longer life, but for a fuller and richer one as well. This is the ultimate ideal of public health.—Matthias Nicoll, M.D.



MORBIDITY.*

Diphtheria.

67 cases of diphtheria have been reported, as follows: Berkeley 1, Oakland 4, San Leandro 2, Chico 1, Los Angeles County 6, Alhambra 1, Glendale 1, Long Beach 3, Los Angeles 17, Whittier 2, South Gate 1, Monterey Park 1, Madera County 1, Napa 2, Orange County 1, Santa Ana 5, San Diego County 1, San Diego 2, San Francisco 10, San Joaquin County 1, Santa Clara County 2, San Jose 2.

Scarlet Fever.

68 cases of scarlet fever have been reported, as follows: Alameda 1, Oakland 4, Fresno County 2, Los Angeles County 5, Glendale 1, Los Angeles 6, Monrovia 1, Santa Monica 1, Pacific Grove 1, Orange County 2, Orange 2, Corona 1, Riverside 1, Sacramento 3, San Diego 5, San Francisco 11, San Joaquin County 2, Lodi 1, Stockton 5, San Bruno

*From reports received on July 16th and 17th, for week ending July 14th.

1, San Mateo 1, Santa Clara County 2, Mountain View 1, San Jose 6, Stanislaus County 2.

Measles.

20 cases of measles have been reported, as follows: Berkeley 1, Oakland 1, San Leandro 1, Chico 1, Los Angeles County 2, Los Angeles 3, South Gate 1, Redlands 1, San Bernardino 1, San Diego 3, San Francisco 2, Santa Clara County 1, San Jose 1, Tulare County 1.

Smallpox.

4 cases of smallpox have been reported, as follows: Oakland 1, Long Beach 2, Torrance 1.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Oakland 1, Imperial 1, Los Angeles County 1, Glendale 1, Los Angeles 2, Placer County 1, San Francisco 4, California 2.

Whooping Cough.

203 cases of whooping cough have been reported, as follows: Oakland 7, Gridley 1, Fresno County 1, Fresno 3, Tehachapi 2, Los

Angeles County 9, Alhambra 1, Arcadia 1, Azusa 1, Compton 2, Glendora 2, Long Beach 1, Los Angeles 48, Pasadena 3, Sierra Madre 3, Lynwood 4, Orange County 5, Fullerton 1, Huntington Beach 5, Newport Beach 4, Orange 3, Santa Ana 1, Riverside County 1, Sacramento 4, Redlands 21, San Bernardino 2, San Diego County 2, Chula Vista 3, San Diego 29, San Francisco 8, San Joaquin County 2, Lodi 1, Stockton 19, Mountain View 2, Palo Alto 1.

Meningitis (Epidemic).

Fresno reported one case of epidemic meningitis.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Livermore 1, Los Angeles 3, Mendocino County 1, San Francisco 1.

Jaundice (Epidemic).

2 cases of epidemic jaundice have been reported, as follows: Contra Costa County 1, San Francisco 1.

Food Poisoning.

Los Angeles reported 3 cases of food poisoning.

COMMUNICABLE DISEASE REPORTS

Disease	1928				1927			
	Week ending			Reports for week ending July 14 received by July 17	Week ending			Reports for week ending July 16 received by July 19
	June 23	June 30	July 7		June 25	July 2	July 9	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	212	164	98	104	177	139	88	116
Diphtheria	74	85	57	67	100	75	71	75
Dysentery (Bacillary)	0	2	7	0	1	2	2	4
Encephalitis (Epidemic)	1	0	0	0	2	0	2	0
Food Poisoning	0	0	7	3	0	0	0	1
German Measles	85	43	40	31	36	34	15	12
Gonococcus Infection	71	77	113	103	71	102	119	93
Influenza	23	19	20	8	13	10	9	12
Jaundice (Epidemic)	0	0	0	2	0	0	0	0
Leprosy	0	0	0	0	1	0	0	0
Malaria	0	0	4	1	1	0	1	1
Measles	39	34	23	20	420	263	217	139
Meningitis (Epidemic)	2	3	1	1	4	3	8	2
Mumps	156	106	60	61	100	75	37	38
Paratyphoid Fever	1	0	1	2	1	2	1	0
Pneumonia (Lobar)	35	40	29	24	34	30	33	25
Poliomyelitis	3	11	6	6	25	22	32	48
Rabies (Animal)	16	15	11	18	4	4	2	5
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	109	115	65	68	113	89	59	57
Smallpox	20	19	24	4	8	11	11	19
Syphilis	125	160	109	119	76	121	122	128
Tetanus	3	0	4	0	3	3	1	2
Trachoma	2	0	0	0	2	0	3	1
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	253	232	175	239	219	152	215	181
Typhoid Fever	13	12	20	13	16	13	14	20
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	205	135	135	203	153	124	169	146
Totals	1,448	1,272	1,009	1,097	1,580	1,274	1,231	1,125

CALIFORNIA STATE PRINTING OFFICE